



Mardi Gras Invitational

February 10&11, 2018

Registration Form

Club Name _____ Club USAG# _____

Club Address _____

_____ Phone # _____

Coach #1 _____ Coach USAG # _____

Coach #2 _____ Coach USAG # _____

Coach #3 _____ Coach USAG # _____

Coach #4 _____ Coach USAG # _____

WHEN ENTERING GYMNASTS, PLEASE INCLUDE ONE LEVEL PER PAGE.

PLEASE INDICATE LEVEL ON PAGE BY CIRCLING CORRECT LEVEL.

Total # of Gymnasts _____ x \$110.00= _____

of teams _____ (one team of 3 or more gymnasts per level) x \$50 Team Fee= _____

Total Payment _____

Please send payment in full by November 3, 2017 to:

Raising Stars Parent Organization (RSPO) c/o HOH
412 Washington Street
Norwell, MA 02061

No refunds for any reason after December 1, 2017.



Questions?: mardigras@headoverheelsma.com or www.mardigrasinvitational.com



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ONE LEVEL PER PAGE PLEASE (please attach more pages as needed)

USAG LEVEL (circle): 3 4 5 6 7 8 9 10 Bronze Silver Gold Platinum Diamond

GYMNAST NAME	USAG #	DOB	LEOTARD SIZE



USA GYMNASTICS.
Sanctioned Event

of Gymnasts _____ x \$110.00= _____ +\$50.00 Team Fee= _____

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